



Volunteer Louisiana's Reasonable Accommodation Form

Per the Corporation for National and Community Service's Disability grant provisions, Volunteer Louisiana may use these disability grant funds to provide reasonable accommodations and auxiliary aids to participants and potential participants in AmeriCorps, State/National, Senior Corps, or VISTA programs. To request funds to provide this type of reasonable accommodation, please complete this form below and send it to:

Email: nauck@crt.la.gov

Fax: 225-342-0106

Mail: Volunteer Louisiana

PO Box 44243

Baton Rouge, LA 70804-4243

Program name*	
Name of person completing this form*	
Title*	
Email*	
Phone*	

Please select which type of National Service program you are.*

- ☐ AmeriCorps State (Volunteer LA grantee) ☐ AmeriCorps National
- ☐ Senior Corps ☐ VISTA

Status of Individual with Disability (Please check one).*

- ☐ Applicant for AmeriCorps State/National, Senior Corps, or VISTA
- ☐ Current AmeriCorps State/National, Senior Corps, or VISTA

Primary service environment (check as appropriate) *

- ☐ Office ☐ Home ☐ School ☐ Outdoors ☐ Other

Request Information

Identify the reasonable accommodation(s) to be provided and the essential service function it will enable the individual to perform.*

Describe the role the individual with a disability has had in the identification of barriers and possible solutions, and the consideration of other accommodation options. *(Note: the involvement of the individual with a disability is essential to funding approval.)

Will more than one person benefit from the reasonable accommodation(s) to be provided?*

☐ Yes ☐ No

If answered yes above, please describe:

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Request for Funds:*

Please provide a detailed itemization of costs. You may include web links as reference if it will help show item pricing.

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Total amount of funds being requested: *

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You may include any additional documentation that might be helpful (i.e., sample invoice or price quote).

Please describe any alternative funding options you have looked at and the status of those

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alternative funding options.

Has the program considered cost-sharing?

☐ Yes ☐ No

If you answered yes above, please describe cost-sharing option:

Effectiveness

What measures will be used to determine if the reasonable accommodation(s) was/were effective for the individual with a disability?*

Please complete and email to nauck@crt.la.gov or print and fax to 225-342-0106